

STATE OF MARYLAND HEALTHCHOICE ADULT AND CHILD POPULATIONS

CAHPS® 2016 ***5.0H Adult and Child Medicaid Satisfaction Surveys*** ***Executive Summary***

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Job Number: 16-002



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Beginning in 2008, the State of Maryland Department of Health and Mental Hygiene (DHMH) selected WBA Research (WBA), a National Committee for Quality Assurance (NCQA) certified survey vendor, to conduct its Consumer Assessment of Healthcare Providers and Systems (CAHPS®)¹ 4.0H Adult Medicaid Satisfaction Survey and 4.0H Child Medicaid Satisfaction Survey (with Children with Chronic Conditions (CCC) Measurement Set)². In 2013, NCQA released the 5.0H version of the CAHPS® Adult Medicaid Satisfaction Survey and the 5.0H version of the CAHPS® Child Medicaid Satisfaction Survey (with CCC measurement set), which were adopted by DHMH. The purpose of the survey is to assess member experience with their health plan.

- Members from each of the eight HealthChoice managed care organizations (MCOs) that provide Medicaid services participated in this research:
 - AMERIGROUP Community Care,
 - Jai Medical Systems,
 - Kaiser Permanente³,
 - Maryland Physicians Care,
 - MedStar Family Choice,
 - Priority Partners,
 - Riverside Health, and
 - UnitedHealthcare.

The CAHPS® 5.0H Adult and Child Medicaid Satisfaction Surveys measure those aspects of care for which members are the best and/or the only source of information. From these surveys, members' ratings of and experiences with the medical care they received can be determined. Based on members' health care experiences, potential opportunities for improvement can be identified.

- Specifically, the results obtained from these consumer surveys will allow DHMH to determine how well participating HealthChoice MCOs are meeting their members' expectations, provide feedback to the HealthChoice MCOs to improve quality of care, encourage HealthChoice MCO accountability and develop HealthChoice MCO action to improve members' quality of care.
- Results from the CAHPS® 5.0H Adult and Child Medicaid Satisfaction Surveys summarize member satisfaction through ratings, composite measures and question Summary Rates. In general, Summary Rates represent the percentage of respondents who chose the most positive response categories as specified by NCQA.

¹CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

²The CAHPS® methodology defines children with chronic conditions based on consequences rather than specific conditions or diseases: "Children with special health care needs are those who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children." Additionally, the duration of the condition is expected to be at least 12 months.

³First-year HealthChoice MCO.

Survey, Reporting and Methodology Changes in 2016

- In 2016, NCQA made several revisions to the CAHPS® Adult and Child Medicaid Satisfaction Survey protocol, as outlined below:
 - Revised the sampling methodology. Instead of a random sample, survey vendors must use a systematic sample to ensure a reproducible and auditable sample that is representative of the eligible population. In addition, disenrolled members may not be removed from the sample.
 - Removed the restriction on over-sampling rates and over-sampling in increments of 5% is no longer required.
 - Revised the telephone phase of the mixed methodology protocol by limiting telephone attempts to six.
 - Revised the definition of a “complete and valid survey” so that not only must responses indicate the member meets the eligible population criteria, but three of the following five questions must be answered appropriately:
 1. Adult Q3/Child Q3. In the last 6 months, did you (your child) have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor’s office?
 2. Adult Q15/Child Q30. Do you (Does your child) have a personal doctor?
 3. Adult Q24/Child Q45. In the last 6 months, did you make any appointments (for your child) to see a specialist?
 4. Adult Q28. In the last 6 months, did you look for any information in written materials or on the Internet about how your health plan works?/Child Q49. In the last 6 months, did you get information or help from customer service at your child’s health plan?
 5. Adult Q35/Child Q54. Using a number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your (child’s) health plan?
 - Added disposition codes M31/T31 (non-response: incomplete), ID1 (ineligible: removed from sample during deduplication—duplicate household of sampled adult member) and ID2 (ineligible: removed from sample during deduplication—duplicate household of sampled child member).
- In 2016, DHMH made one revision to the CAHPS® 5.0H Adult and Child Medicaid Survey reporting:
 - All percentages are now shown unrounded, to one decimal place.

WBA administered a mixed-methodology that involved a mail survey with telephone follow-up per NCQA protocol.

- Specifically, two questionnaire packages and follow-up reminder postcards were sent to random samples of eligible adult and child members from each of the eight HealthChoice MCOs with “Return Service Requested” and WBA’s toll-free telephone number included. The mail materials also included a toll-free telephone number for Spanish-speaking members to complete the survey over the telephone. Those who did not respond by mail were contacted by telephone to complete the survey. During the telephone follow-up, members had the option to complete the survey in either English or Spanish.
 - The child surveys were conducted by proxy, that is, with the parent/guardian who knows the most about the sampled child’s health care.
- The NCQA required sample size is 1,350 for adult Medicaid plans and 1,650 for child Medicaid plans (General Population). In 2016, NCQA dropped the restriction on over-sampling rates. Also, over-sampling in increments of 5% is no longer required. DHMH elected to over-sample at a rate of 30%.
- In 2016, the sampling methodology was revised from a random sample selection to a systematic sample selection process, and disenrolled members were not to be removed from the sample. To qualify, adult Medicaid members had to be 18 years of age or older, while child Medicaid members had to be 17 years of age or younger. Furthermore, members of both populations had to be continuously enrolled in the HealthChoice MCO for five of the last six months as of the last day of the measurement year (December 31, 2015).
- Among the child population, an additional over-sample of up to 1,840 child members with diagnoses indicative of a probable chronic condition was also pulled (Children with Chronic Conditions (CCC) Over-sample). This is standard procedure when the CAHPS® 5.0H Child Medicaid Satisfaction Survey (with CCC Measurement Set) is administered, to ensure the validity of the information collected.
 - The CCC population is identified based on child members’ responses to the CCC survey-based screening tool (questions 60 to 73), which contains five questions representing five different health consequences; four are three-part questions and one is a two-part question. A child member is identified as having a chronic condition if all parts of the question for at least one of the specific health consequences are answered “Yes”.
 - It is important to note that the General Population data set (Sample A) and CCC Over-sample data set (Sample B) are not mutually exclusive groups. For example, if a child member is randomly selected for the CAHPS® Child Survey sample (General Population/Sample A) and is identified as having a chronic condition based on responses to the CCC survey-based screening tool, the member is included in both General and CCC Population results.

Between February and May 2016, WBA collected 4,552 valid surveys from the eligible Medicaid adult population (70 of which were conducted in Spanish) and 4,966 valid surveys from the eligible Medicaid child population (412 of which were completed in Spanish). 2,795 of the child members across all HealthChoice MCOs qualified as being children with chronic conditions based on the parent's/guardian's responses to the CCC survey-based screening tool.

Ineligible adult and child members included those who were deceased, did not meet eligible population criteria (indicated non-membership in the specified health plan OR were marked as a duplicate record during the systematic sampling process) or had a language barrier (non-English or Spanish). In addition, adult members who were mentally or physically incapacitated and unable to complete the survey themselves were also considered ineligible. Non-respondents included those who had refused to participate, could not be reached due to a bad address or telephone number, did not complete the survey or were unable to be contacted during the survey time period.

- Ineligible surveys were subtracted from the sample size when computing the response rate.

Table 1 below shows the total number of adult and child members in the sample that fell into each disposition category:

Table 1: Sample Dispositions

Disposition Group	Disposition Category ¹	Adult	Child (General Population/ Sample A)
Ineligible	Removed from sample during deduplication (ID1/ID2)	69	1,040
	Deceased (M20/T20)	15	1
	Does not meet eligibility criteria (M21/T21)	292	195
	Language barrier (M22/T22)	106	105
	Mentally/Physically incapacitated (M24/T24)	29	N/A
	Total Ineligible	511	1,341
Non-Response	Bad address/phone (M23/T23)	1,025	1,264
	Incomplete (M31/T31)	280	381
	Refusal (M32/T32)	702	1,451
	Maximum attempts made (M33/T33)*	6,970	7,757
	Total Non-Response	8,977	10,853

*Maximum attempts made include two survey mailings and a maximum of six call attempts.

¹Disposition category is the final status given to each member record within the sample surveyed. The code signifies both the survey administration used to complete the survey (M=Mail, T=Telephone) and the status of the member record (20=Deceased, 32=Refusal, etc). In the case of ID1/ID2, the code signifies that a sampled member is a duplicate household of another sampled adult or child member and was removed during deduplication.

Table 2 below illustrates the number of adult surveys mailed, the number of completed surveys (mail and phone) and the response rate for each HealthChoice MCO.

Table 2: Adult Survey

HealthChoice MCO	Systematic Sample	Surveys Mailed (after deduplication)	Mail and Phone Completes*	Response Rate
AMERIGROUP Community Care	1,755	1,750	514	30%
Jai Medical Systems	1,755	1,739	601	36%
Kaiser Permanente ¹	1,755	1,741	522	31%
Maryland Physicians Care	1,755	1,753	576	34%
MedStar Family Choice	1,755	1,751	600	35%
Priority Partners	1,755	1,753	624	37%
Riverside Health	1,755	1,734	485	29%
UnitedHealthcare	1,755	1,750	630	37%
Total HealthChoice MCOs	14,040	13,971	4,552	34%

*During the telephone follow-up, members had the option to complete the survey in either English or Spanish.

¹First-year HealthChoice MCO

Table 3 below illustrates the number of child surveys mailed, the number of completed surveys (mail and phone) and the response rate for each HealthChoice MCO.

Table 3: Child Survey

HealthChoice MCO	Sample A Systematic Sample	CCC Systematic Sample ²	Total Systematic Sample	General Population Mailed (Sample A)	CCC Oversample Mailed (Sample B)	Total Surveys Mailed	General Population Mail and Phone Completes*	CCC Respondents ³	General Population Response Rate
AMERIGROUP Community Care	2,145	1,840	3,985	2,131	1,797	3,928	723	379	34%
Jai Medical Systems	2,145	634	2,779	1,733	400	2,133	448	186	26%
Kaiser Permanente ¹	2,145	419	2,564	1,874	269	2,143	544	133	30%
Maryland Physicians Care	2,145	1,840	3,985	2,126	1,785	3,911	680	507	32%
MedStar Family Choice	2,145	1,840	3,985	2,083	1,613	3,696	676	467	33%
Priority Partners	2,145	1,840	3,985	2,124	1,780	3,904	717	488	34%
Riverside Health	2,145	785	2,930	1,929	564	2,493	503	162	27%
UnitedHealthcare	2,145	1,840	3,985	2,120	1,780	3,900	675	473	33%
Total HealthChoice MCOs	17,160	11,038	28,198	16,120	9,988	26,108	4,966	2,795	31%

¹First-year HealthChoice MCO

²Note: In HealthChoice MCOs with fewer members than the required CCC sample size (1,840), the sample includes all members with a diagnosis indicative of a probable chronic condition who were not already selected for the general population sample.

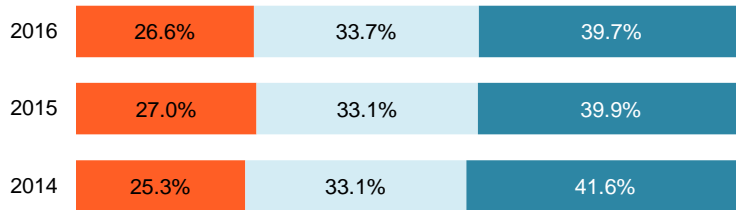
³As explained on page 4, it is important to note that the General Population data set (Sample A) and CCC Over-sample (Sample B) data set are not mutually exclusive groups.

*During the telephone follow-up, members had the option to complete the survey in either English or Spanish.

Profile of Adult Members Surveyed

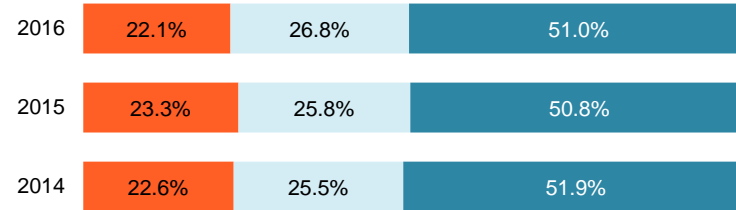
↑ significant increase from previous year
↓ significant decrease from previous year

Overall Health Status (Q36)



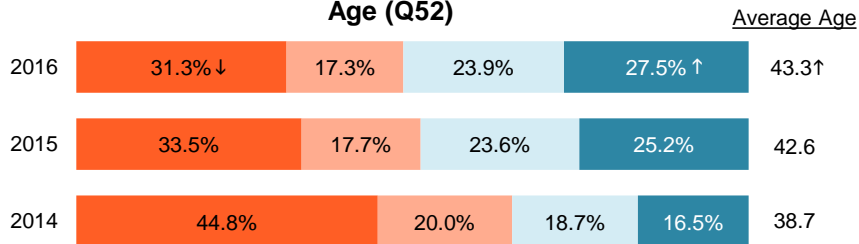
■ Fair/Poor ■ Good ■ Excellent/Very good

Mental/Emotional Health Status (Q37)



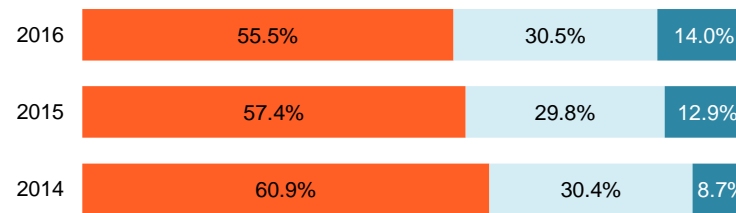
■ Fair/Poor ■ Good ■ Excellent/Very good

Age (Q52)



■ 18-34 ■ 35-44 ■ 45-54 ■ 55+

Level of Education (Q54)



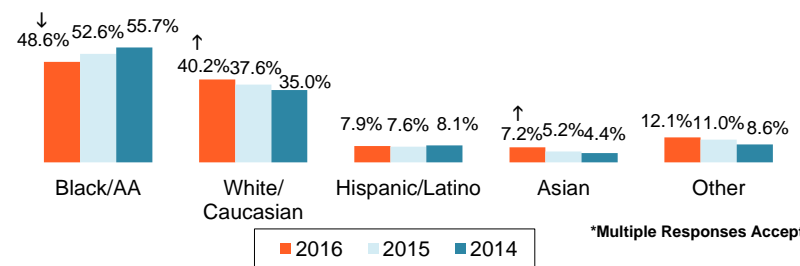
■ High school or less ■ Some college ■ College graduate or more

Gender (Q53)



■ Male ■ Female

Ethnicity/Race (Q55/Q56)*

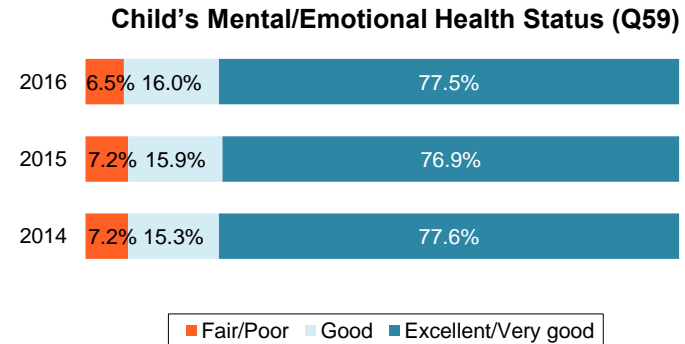
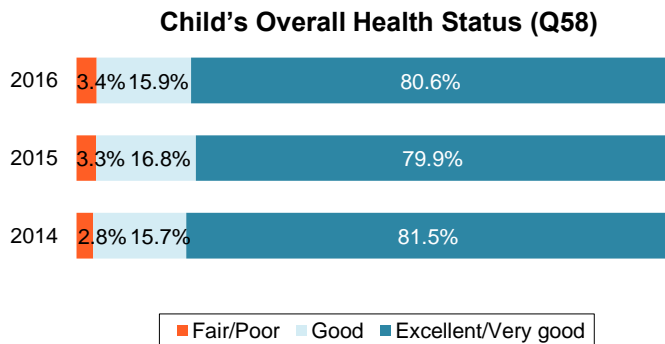
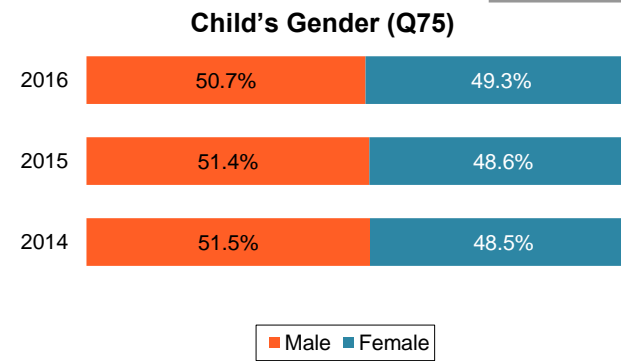
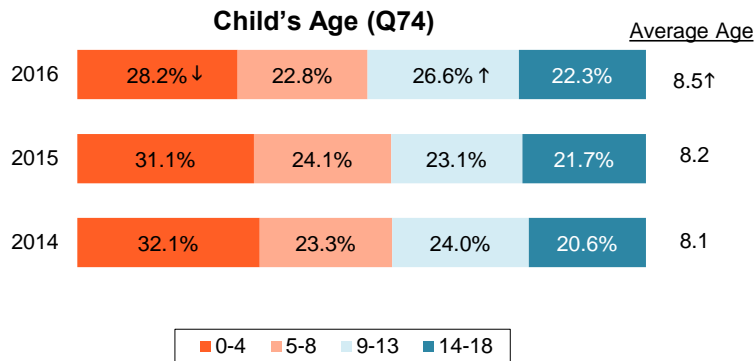


*Multiple Responses Accepted

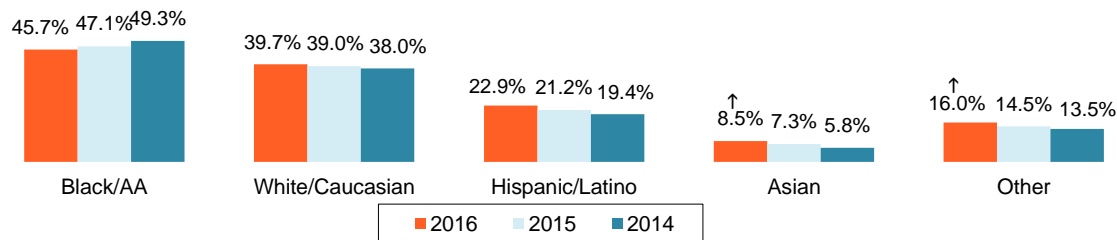
Base = Those answering

Profile of Child Members Surveyed – General Population

↑ significant increase from previous year
↓ significant decrease from previous year



Child's Ethnicity/Race* (Q76/77)

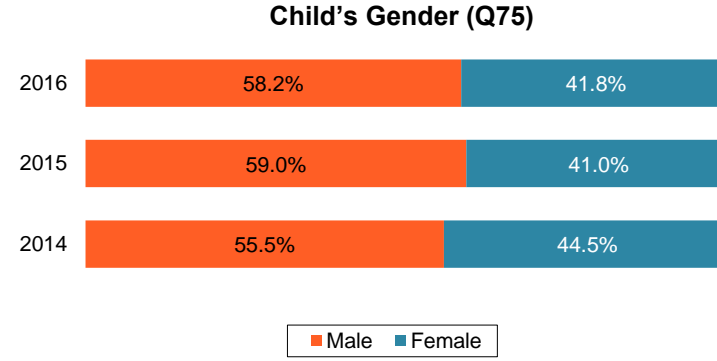
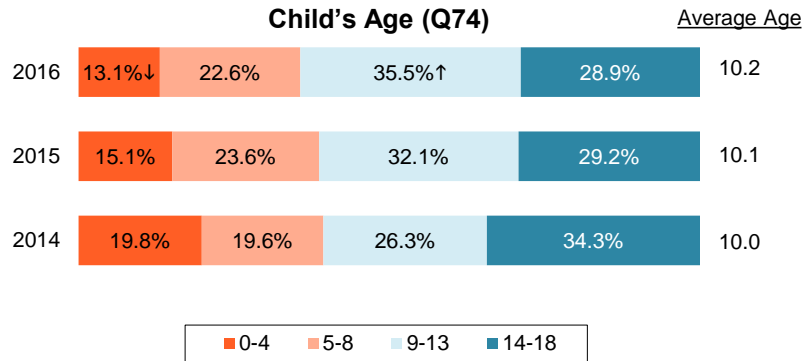


Base = Those answering

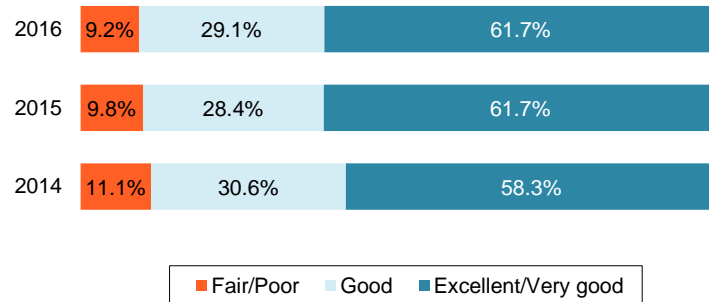
*Multiple Responses Accepted

Profile of Child Members Surveyed – CCC Population

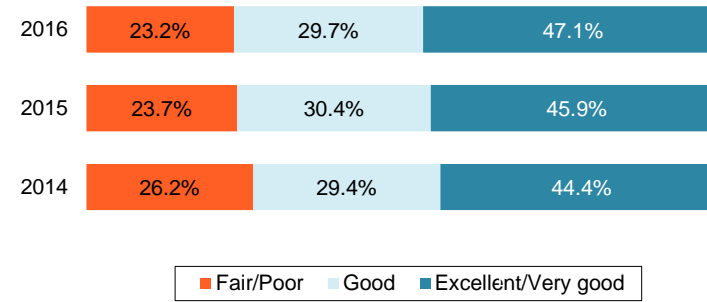
↑ significant increase from previous year
↓ significant decrease from previous year



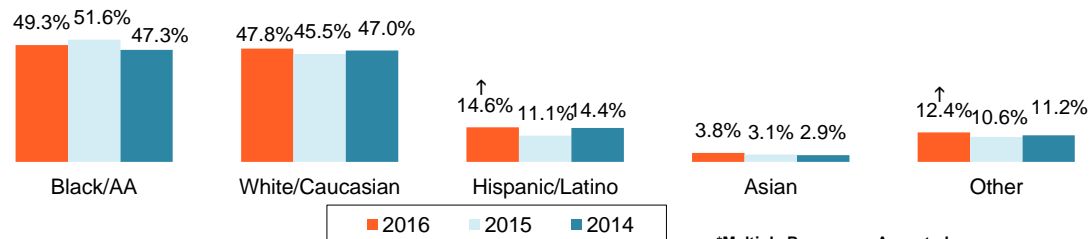
Child's Overall Health Status (Q58)



Child's Mental/Emotional Health Status (Q59)



Child's Ethnicity/Race* (Q76/77)



Base = Those answering

There were four Overall Ratings questions asked in the adult and child surveys that used a scale of “0 to 10”, where a “0” represented the worst possible rating and a “10” represented the best possible rating. These measures included “Health Care”, “Personal Doctor”, “Specialist Seen Most Often” and “Health Plan”. The Summary Rate for these questions represents the percentage of members who rated the question an 8, 9 or 10.

- In order to assess how the HealthChoice MCOs’ overall ratings compared with other Medicaid adult and child plans nationwide, national benchmarks are provided. Specifically, the adult and child data are compared to the Quality Compass® benchmarks. Quality Compass® is a national database created by NCQA to provide health plans with comparative information on the quality of the nation’s managed care plans.

Table 4: Adult Members

Overall Ratings (Summary Rate – 8,9,10)												
	Specialist Seen Most Often			Personal Doctor			Health Care			Health Plan		
	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014
Quality Compass®¹	80.4%	80.5%	80.4%	80.2%	79.8%	78.8%	73.5%	72.5%	71.3%	75.0%	75.1%	74.7%
HealthChoice Aggregate	79.2%	79.3%	77.1%	79.2%	75.7%	77.0%	74.8%	68.9%	69.9%	74.1%	69.0%	72.2%
AMERIGROUP Community Care	76.1%	75.9%	75.7%	78.7%	77.5%	73.9%	72.7%	70.6%	72.2%	72.6%	68.4%	71.1%
Jai Medical Systems	78.5%	73.9%	71.1%	79.0%	72.9%	78.1%	69.9%	58.5%	60.9%	69.8%	63.7%	63.5%
Kaiser Permanente ²	83.9%	N/A	N/A	82.2%	N/A	N/A	80.8%	N/A	N/A	78.9%	N/A	N/A
Maryland Physicians Care	76.7%	84.0%	78.9%	74.9%	73.1%	72.7%	76.3%	69.2%	69.9%	75.2%	71.5%	72.6%
MedStar Family Choice	81.5%	81.2%	79.3%	83.8%	80.0%	79.2%	79.8%	73.1%	73.4%	79.8%	74.0%	76.3%
Priority Partners	81.7%	79.5%	77.8%	80.3%	75.3%	77.6%	73.2%	71.2%	68.5%	77.7%	73.3%	76.3%
Riverside Health	74.7%	81.0%	82.5%	75.3%	76.7%	77.0%	73.0%	70.6%	73.9%	73.2%	65.0%	73.6%
UnitedHealthcare	79.9%	80.3%	78.5%	78.8%	75.1%	80.5%	73.4%	70.1%	74.1%	66.5%	67.2%	72.9%

○ HealthChoice MCO with the highest Summary Rate in 2016.

¹Quality Compass® is a registered trademark of NCQA.

²First-year HealthChoice MCO

Table 5: Child Members - General Population

Overall Ratings (Summary Rate – 8,9,10)												
	Personal Doctor			Health Care			Health Plan			Specialist Seen Most Often		
	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014
Quality Compass ^{®1}	88.4%	88.2%	87.6%	85.8%	85.1%	84.7%	84.7%	84.4%	84.5%	85.5%	85.0%	85.0%
HealthChoice Aggregate	90.1%	89.1%	88.6%	87.6%	86.4%	86.1%	85.3%	84.5%	85.1%	82.2%	83.1%	80.3%
AMERIGROUP Community Care	91.3%	90.1%	87.8%	88.4%	86.4%	85.2%	88.1%	88.0%	87.8%	84.3%	85.8%	77.4%
Jai Medical Systems	94.8%	92.4%	90.5%	93.2%	87.0%	86.5%	84.6%	79.1%	83.1%	85.2%	78.6%	73.8%
Kaiser Permanente ²	86.4%	N/A	N/A	82.5%	N/A	N/A	81.2%	N/A	N/A	84.8%	N/A	N/A
Maryland Physicians Care	89.1%	86.3%	88.4%	85.7%	88.4%	85.8%	86.6%	86.1%	83.7%	79.6%	82.1%	75.4%
MedStar Family Choice	89.1%	89.5%	88.8%	85.7%	85.2%	85.7%	87.2%	84.2%	85.0%	83.3%	83.2%	83.0%
Priority Partners	92.2%	90.2%	88.3%	90.6%	85.9%	86.3%	89.2%	87.5%	86.6%	80.8%	84.8%	86.7%
Riverside Health	88.5%	85.6%	84.9%	85.6%	83.4%	75.9%	77.6%	76.4%	76.7%	75.0%	76.3%	64.7%
UnitedHealthcare	89.6%	89.3%	89.1%	88.7%	87.2%	88.9%	84.3%	84.8%	85.5%	84.5%	84.8%	84.0%

○ HealthChoice MCO with the highest Summary Rate in 2016.

¹Quality Compass[®] is a registered trademark of NCQA.

²First-year HealthChoice MCO

Table 6: Child Members - CCC Population

Overall Ratings (Summary Rate – 8,9,10)												
	Personal Doctor			Health Care			Specialist Seen Most Often			Health Plan		
	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014
Quality Compass^{®1}	88.0%	86.9%	86.5%	84.2%	82.7%	83.3%	85.5%	84.9%	85.0%	82.2%	81.0%	80.6%
HealthChoice Aggregate	88.2%	88.2%	87.1%	85.7%	84.2%	83.1%	84.1%	82.9%	81.9%	82.2%	82.0%	82.5%
AMERIGROUP Community Care	88.4%	88.1%	86.8%	84.7%	84.7%	82.4%	80.4%	87.4%	75.7%	84.5%	81.7%	82.7%
Jai Medical Systems	93.7%	90.1%	90.4%	91.8%	85.4%	83.8%	78.9%	81.0%	67.6%	89.6%	78.6%	80.4%
Kaiser Permanente ²	83.6%	N/A	N/A	79.8%	N/A	N/A	83.7%	N/A	N/A	79.5%	N/A	N/A
Maryland Physicians Care	87.4%	86.4%	84.1%	85.3%	82.2%	83.8%	85.2%	80.8%	78.1%	82.2%	83.6%	82.4%
MedStar Family Choice	87.2%	86.1%	85.9%	84.8%	83.5%	82.6%	85.3%	83.3%	82.9%	84.6%	83.9%	83.0%
Priority Partners	90.6%	91.2%	89.3%	89.3%	86.0%	82.7%	84.2%	82.0%	86.4%	85.0%	86.0%	84.0%
Riverside Health	87.0%	87.9%	88.2%	83.2%	80.0%	76.5%	77.6%	80.5%	80.0%	78.9%	64.8%	66.7%
UnitedHealthcare	87.1%	88.4%	86.5%	84.0%	85.2%	83.7%	88.0%	83.1%	86.0%	74.1%	79.6%	81.6%

○ HealthChoice MCO with the highest Summary Rate in 2016.

¹Quality Compass[®] is a registered trademark of NCQA.

²First-year HealthChoice MCO.

Composite measures assess results for main issues/areas of concern. These composite measures were derived by combining survey results of similar questions (*note: two of the composite measures are comprised of only one question*). Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.

- The CAHPS® 5.0H Adult Medicaid Satisfaction Survey includes seven composite measures, defined below.

Table 7: Adult Composite Measure Definitions

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate ¹
Getting Needed Care	14 and 25	Measures members' experiences in the last 6 months when trying to get care from specialists and through their health plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	4 and 6	Measures members' experiences with receiving care and getting appointments as soon as they needed	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	17, 18, 19 and 20	Measures how well personal doctor explains things, listens to them, shows respect for what they have to say and spends enough time with them	% of members who responded "Usually" or "Always"
Customer Service	31 and 32	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"
Shared Decision-Making	10, 11 and 12	Measures members' experiences with doctors discussing the pros and cons of starting or stopping a medicine and asking the member what they thought was best for them	% of members who responded "Yes"
Health Promotion and Education	8	Measures members' experience with their doctor discussing specific things to do to prevent illness	% of members who responded "Yes"
Coordination of Care	22	Measures members' perception of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	% of members who responded "Usually" or "Always"

¹Summary Rates most often represent the most favorable responses for that question.

The CAHPS® 5.0H Child Medicaid Satisfaction Survey includes seven standard composite measures, defined below (*note: two of the composite measures are comprised of only one question*).

Table 8: Child General Population Composite Measure Definitions

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate ¹
Getting Needed Care	15 and 46	Measures members' experiences in the last 6 months when trying to get care from specialists and through their health plan	% of members who responded "Usually" or "Always"
Getting Care Quickly	4 and 6	Measures members' experiences with receiving care and getting appointments as soon as they needed	% of members who responded "Usually" or "Always"
How Well Doctors Communicate	32, 33, 34 and 37	Measures how well personal doctor explains things, listens to them, shows respect for what they have to say and spends enough time with them	% of members who responded "Usually" or "Always"
Customer Service	50 and 51	Measures members' experiences with getting the information needed and treatment by Customer Service staff	% of members who responded "Usually" or "Always"
Shared Decision-Making	11, 12 and 13	Measures members' experiences with doctors discussing the pros and cons of starting or stopping a medicine and asking the member what they thought was best for them	% of members who responded "Yes"
Health Promotion and Education	8	Measures members' experience with their doctor discussing specific things to do to prevent illness	% of members who responded "Yes"
Coordination of Care	40	Measures members' perception of whether their doctor is up-to-date about the care he/she received from other doctors or health providers	% of members who responded "Usually" or "Always"

¹Summary Rates most often represent the most favorable responses for that question.

CCC measurement composite scores are derived by combining survey results of similar questions related to basic components for successful treatment, management and support of children with chronic conditions (*note: two of the composite measures are comprised of only one question*). The table below shows how each CCC measurement set composite score is defined.

Table 9: Additional CCC Composite Measure Definitions

Composite Measure/Rating Item	Survey Question Number	What is Measured	Summary Rate ¹
Access to Prescription Medicine	56	Measures members' experiences in the last 6 months when trying to get prescription medicine	% of members who responded "Usually" or "Always"
Access to Specialized Services	20, 23 and 26	Measures members' experiences with getting special medical equipment, therapy, treatment, or counseling for their child	% of members who responded "Usually" or "Always"
Family Centered Care: Personal Doctor Who Knows Child	38, 43 and 44	Measures whether or not the provider discussed how the child is feeling, growing and behaving; as well as understands how the child's condition affects the child's and family's day-to-day life	% of members who responded "Yes"
Family Centered Care: Getting Needed Information	9	Measures how often providers answered members' questions.	% of members who responded "Usually" or "Always"
Coordination of Care for Children with Chronic Conditions	18 and 29	Measures whether or not members received the help needed from the provider in contacting the child's school/daycare, and whether anyone from DHMH or the provider's office coordinated care among the different providers/services	% of members who responded "Yes"

¹Summary Rates most often represent the most favorable responses for that question.

Composite Measures (continued)

The following tables show composite measure comparisons of the seven HealthChoice MCOs.

- In order to assess how the HealthChoice MCOs' overall composite ratings compared with other Medicaid adult and child plans nationwide, national benchmarks are provided. Specifically, the adult and child data are compared to the Quality Compass® benchmarks. Quality Compass® is a national database created by NCQA to provide health plans with comparative information on the quality of the nation's managed care plans.

Table 10: Adult Composite Measures

Composite Measures																				
	How Well Doctors Communicate			Customer Service			Getting Needed Care			Getting Care Quickly			Coordination of Care			Shared Decision-Making*		Health Promotion and Education		
	Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Yes		Summary Rate: Yes		
	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2016	2015	2014
Quality Compass® ¹	90.7%	90.7%	89.5%	87.5%	87.1%	86.5%	80.4%	80.8%	80.5%	80.1%	80.7%	81.0%	81.8%	81.6%	79.2%	79.2%	78.7%	72.1%	71.4%	71.6%
HealthChoice Aggregate	90.8%	89.6%	89.2%	87.1%	84.8%	85.2%	81.3%	79.6%	80.1%	80.5%	77.9%	79.4%	79.9%	78.5%	78.7%	79.3%	77.6%	76.7%	74.5%	73.7%
AMERIGROUP Community Care	89.7%	89.2%	86.0%	82.1%	84.5%	82.9%	82.9%	74.7%	77.6%	79.4%	74.7%	76.5%	73.5%	73.4%	76.7%	77.9%	74.7%	73.0%	75.2%	70.9%
Jai Medical Systems	90.2%	86.0%	89.8%	90.8%	83.1%	81.7%	80.6%	75.4%	77.1%	78.9%	76.1%	75.7%	82.2%	78.4%	83.1%	79.2%	77.8%	82.6%	76.3%	77.7%
Kaiser Permanente ²	90.8%	N/A	N/A	87.3%	N/A	N/A	82.0%	N/A	N/A	80.3%	N/A	N/A	83.6%	N/A	N/A	75.6%	N/A	75.5%	N/A	N/A
Maryland Physicians Care	89.2%	90.5%	88.2%	87.2%	86.6%	87.9%	79.8%	82.3%	78.8%	81.8%	81.8%	81.4%	81.7%	76.2%	73.5%	82.3%	77.5%	79.0%	75.7%	73.9%
MedStar Family Choice	92.5%	91.1%	90.6%	90.4%	85.5%	87.4%	82.2%	80.0%	82.7%	81.0%	75.7%	77.9%	77.1%	78.7%	79.2%	79.9%	78.2%	80.4%	75.4%	76.2%
Priority Partners	90.6%	89.6%	89.2%	83.0%	87.2%	88.4%	81.1%	82.0%	81.0%	82.8%	81.3%	82.2%	79.6%	76.5%	73.1%	79.0%	78.2%	75.2%	74.6%	68.8%
Riverside Health	90.8%	90.8%	86.2%	86.5%	85.4%	83.3%	79.4%	79.5%	78.8%	75.9%	73.9%	77.5%	75.4%	80.0%	81.8%	80.7%	79.0%	72.5%	71.2%	65.5%
UnitedHealthcare	92.7%	91.1%	91.7%	87.2%	82.8%	84.6%	82.1%	83.2%	83.9%	82.0%	80.8%	82.1%	84.6%	85.6%	85.9%	78.4%	77.8%	74.0%	72.6%	76.6%

○ HealthChoice MCO with the highest Summary Rate in 2016.


¹Quality Compass® is a registered trademark of NCQA.

²First-year HealthChoice MCO.

*Changes made to the 5.0 CAHPS Adult Medicaid Satisfaction Survey in 2015 impacted trending. Therefore, data prior to 2015 is not comparable.

Table 11: Child Composite Measures - General Population

Composite Measures																				
	How Well Doctors Communicate			Getting Care Quickly			Customer Service			Getting Needed Care			Coordination of Care			Shared Decision-Making*		Health Promotion and Education		
	Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Yes		Summary Rate: Yes		
	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2016	2015	2014
Quality Compass ^{®1}	93.2%	93.1%	93.0%	88.5%	88.6%	89.5%	88.0%	87.5%	87.9%	83.7%	84.4%	85.0%	82.6%	81.8%	81.0%	78.4%	78.0%	70.9%	71.2%	71.7%
HealthChoice Aggregate	94.2%	93.9%	93.8%	88.9%	88.4%	89.7%	86.6%	86.3%	87.2%	83.1%	83.4%	84.4%	81.3%	81.1%	82.2%	79.0%	78.6%	73.8%	74.5%	74.8%
AMERIGROUP Community Care	92.7%	92.3%	92.5%	86.4%	85.7%	87.9%	85.3%	85.0%	86.7%	79.9%	79.8%	79.4%	79.4%	79.5%	81.4%	76.3%	78.4%	71.5%	72.0%	66.1%
Jai Medical Systems	97.5%	96.0%	95.7%	95.5%	91.3%	92.7%	89.4%	88.8%	86.5%	86.9%	89.7%	88.1%	88.8%	83.8%	79.1%	83.5%	79.0%	83.7%	85.6%	80.6%
Kaiser Permanente ²	92.1%	N/A	N/A	86.1%	N/A	N/A	88.4%	N/A	N/A	81.3%	N/A	N/A	77.9%	N/A	N/A	75.0%	N/A	75.6%	N/A	N/A
Maryland Physicians Care	94.4%	94.3%	94.0%	90.4%	91.3%	91.4%	89.5%	87.1%	89.2%	84.9%	82.6%	85.0%	81.2%	80.6%	82.2%	75.9%	79.2%	73.3%	75.8%	73.8%
MedStar Family Choice	94.9%	93.9%	94.6%	90.4%	85.2%	90.2%	88.5%	88.9%	83.2%	85.2%	81.0%	83.4%	83.2%	84.4%	84.3%	77.8%	83.7%	76.5%	72.8%	76.2%
Priority Partners	94.1%	94.6%	93.0%	89.8%	88.4%	90.6%	86.7%	86.5%	90.6%	82.7%	87.1%	87.5%	82.3%	79.4%	83.2%	82.5%	80.2%	71.3%	74.3%	76.0%
Riverside Health	93.4%	92.4%	89.8%	85.9%	86.5%	75.1%	81.7%	79.8%	89.0%	82.2%	77.8%	75.9%	82.3%	79.2%	68.4%	79.9%	73.0%	68.1%	70.8%	73.9%
UnitedHealthcare	94.7%	93.8%	94.1%	87.6%	89.5%	88.5%	83.0%	86.9%	86.5%	82.1%	85.6%	84.8%	78.4%	81.7%	82.6%	80.6%	75.8%	72.3%	71.6%	76.2%

 HealthChoice MCO with the highest Summary Rate in 2016.


¹Quality Compass[®] is a registered trademark of NCQA.

²First-year HealthChoice MCO.

*Changes made to the 5.0 CAHPS Adult Medicaid Satisfaction Survey in 2015 impacted trending. Therefore, data prior to 2015 is not comparable.

Table 12: Child Composite Measures - CCC Population

Composite Measures																				
	How Well Doctors Communicate			Getting Care Quickly			Customer Service			Getting Needed Care			Coordination of Care			Shared Decision-Making*		Health Promotion and Education		
	Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Yes		Summary Rate: Yes		
	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2016	2015	2014
Quality Compass^{®1}	93.9%	93.7%	93.3%	91.8%	91.3%	92.7%	89.4%	88.5%	88.6%	86.1%	85.9%	86.7%	82.0%	82.2%	79.8%	85.0%	84.3%	77.0%	76.9%	77.6%
HealthChoice Aggregate	94.5%	94.8%	94.2%	91.7%	92.4%	92.2%	88.4%	87.4%	86.3%	85.4%	85.6%	84.7%	83.9%	82.5%	80.6%	83.1%	83.6%	79.3%	79.8%	80.4%
AMERIGROUP Community Care	93.8%	94.0%	92.1%	88.6%	89.4%	88.3%	88.7%	88.7%	84.8%	83.4%	85.1%	80.8%	84.3%	80.9%	75.4%	83.8%	83.1%	82.5%	81.0%	73.8%
Jai Medical Systems	97.3%	96.0%	94.3%	96.6%	92.1%	92.8%	91.0%	88.2%	86.0%	88.6%	88.4%	86.9%	92.5%	78.2%	80.9%	88.5%	81.9%	86.7%	86.9%	84.6%
Kaiser Permanente ²	90.3%	N/A	N/A	89.3%	N/A	N/A	83.3%	N/A	N/A	80.6%	N/A	N/A	77.8%	N/A	N/A	75.1%	N/A	84.8%	N/A	N/A
Maryland Physicians Care	94.6%	94.9%	94.0%	92.3%	93.6%	92.2%	91.0%	87.6%	86.2%	87.6%	84.3%	86.4%	85.8%	82.1%	82.6%	82.4%	82.4%	78.8%	77.7%	77.3%
MedStar Family Choice	95.5%	93.8%	95.3%	91.1%	90.3%	93.7%	89.1%	89.8%	86.3%	88.2%	85.4%	83.5%	85.1%	82.3%	82.2%	82.8%	86.0%	80.1%	79.6%	82.7%
Priority Partners	93.8%	95.1%	95.0%	93.0%	93.0%	93.6%	89.9%	85.3%	88.7%	85.3%	87.2%	86.9%	82.1%	80.9%	81.8%	83.8%	84.9%	75.1%	81.4%	82.4%
Riverside Health	93.0%	94.5%	91.7%	91.5%	94.0%	96.7%	81.1%	75.6%	78.6%	88.8%	78.6%	74.3%	80.0%	79.5%	75.0%	85.6%	80.8%	77.9%	76.0%	82.4%
UnitedHealthcare	94.9%	95.9%	94.2%	91.9%	94.7%	91.8%	87.3%	88.8%	85.0%	81.8%	86.9%	83.4%	83.0%	88.2%	80.4%	81.7%	83.0%	77.3%	77.8%	82.3%

 HealthChoice MCO with the highest Summary Rate in 2016.

¹Quality Compass[®] is a registered trademark of NCQA.

²First-year HealthChoice MCO.

*Changes made to the 5.0 CAHPS Adult Medicaid Satisfaction Survey in 2015 impacted trending. Therefore, data prior to 2015 is not comparable

Table 13: Child Composite Measures - CCC Population

Additional CCC Composite Measures															
	FCC: Personal Doctor Who Knows Child			FCC: Getting Needed Information			Access to Prescription Medicine			Coordination of Care for Children with Chronic Conditions			Access to Specialized Services		
	Summary Rate: Yes			Summary Rate: Always/Usually			Summary Rate: Always/Usually			Summary Rate: Yes			Summary Rate: Always/Usually		
	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014	2016	2015	2014
Quality Compass ⁰¹	90.6%	89.7%	89.9%	90.9%	91.2%	90.1%	90.7%	90.0%	90.7%	77.1%	77.6%	77.1%	77.1%	77.6%	79.0%
HealthChoice Aggregate	91.2%	91.3%	90.1%	90.9%	92.5%	90.5%	89.4%	90.6%	90.5%	76.1%	73.0%	74.7%	75.3%	77.5%	78.6%
AMERIGROUP Community Care	91.7%	89.1%	88.5%	91.7%	91.4%	84.1%	85.3%	86.9%	89.3%	74.2%	71.3%	79.6%	79.8%	70.2%	79.4%
Jai Medical Systems	92.2%	96.6%	91.2%	94.3%	93.1%	93.2%	95.8%	92.4%	88.2%	79.2%	71.4%	72.0%	73.1%	81.1%	79.3%
Kaiser Permanente ²	82.6%	N/A	N/A	87.6%	N/A	N/A	94.3%	N/A	N/A	81.4%	N/A	N/A	63.7%	N/A	N/A
Maryland Physicians Care	90.7%	90.4%	89.3%	91.0%	91.5%	91.1%	89.2%	91.8%	94.2%	74.9%	71.5%	75.7%	78.9%	76.9%	84.1%
MedStar Family Choice	91.3%	90.9%	93.0%	90.2%	93.2%	91.6%	94.7%	91.0%	92.4%	77.9%	77.6%	69.7%	79.4%	75.8%	78.2%
Priority Partners	91.9%	90.7%	89.6%	91.4%	93.7%	92.9%	90.8%	93.5%	89.8%	75.7%	71.8%	75.4%	71.5%	81.8%	78.6%
Riverside Health	91.4%	91.8%	95.6%	90.5%	93.7%	88.2%	90.4%	87.6%	90.9%	73.6%	77.7%	52.1%	71.9%	69.5%	88.9%
UnitedHealthcare	91.6%	93.4%	90.6%	89.9%	92.1%	89.5%	82.0%	89.0%	88.4%	76.5%	72.0%	74.6%	72.8%	83.2%	71.8%

⁰ HealthChoice MCO with the highest Summary Rate in 2016.

¹Quality Compass[®] is a registered trademark of NCQA.

²First-year HealthChoice MCO.

In an effort to identify the underlying components of adult and child members' ratings of their Health Plan and Health Care, advanced statistical techniques were employed.

- Regression analysis is a statistical technique used to determine which influences or “independent variables” (composite measures) have the greatest impact on an overall attribute or “dependent variable” (overall rating of Health Plan or Health Care).
- In addition, correlation analyses were conducted between each composite measure attribute and overall rating of Health Plan and Health Care in order to ascertain which attributes have the greatest impact.

Adult Medicaid Members – Key Drivers of Satisfaction with Health Plan

Based on the 2016 findings, the “**Customer Service**” composite measure has the most significant impact on adult members' overall rating of their Health Plan.

- There were no attributes identified as **unmet needs**¹ that should be considered priority areas for improving adult members' overall rating of their Health Plan.
 - However, the attributes “**Got the care, tests or treatment you needed**” and “**Received information or help needed from health plan's Customer Service**” are identified as key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a moderate level. If performance on these attributes is improved, it could have a positive impact on adult members' overall rating of their Health Plan.
- The following attribute is identified as a **driving strength**² and performance in this area should be maintained. If performance on this attribute is decreased, it could have a negative impact on adult members' overall rating of their Health Plan.
 - **Treated with courtesy and respect by health plan's Customer Service**

Adult Medicaid Members – Key Drivers of Satisfaction with Health Care

Based on the 2016 findings, the “**Getting Needed Care**” and “**How Well Doctors Communicate**” composite measures have the most significant impact on adult members' overall rating of their Health Care.

- There were no attributes identified as **unmet needs**¹ that should be considered priority areas for improving adult members' overall rating of their Health Care.
 - However, the attributes “**Got the care, tests or treatment you needed**” and “**Doctor spent enough time with you**” are identified as key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a moderate level. If performance on these attributes is improved, it could have a positive impact on adult members' overall rating of their Health Care.

¹ **Unmet needs** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).

² **Driving strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).

Adult Medicaid Members – Key Drivers of Satisfaction with Health Care (continued)

- The following attributes are identified as **driving strengths**² and performance in these areas should be maintained. If performance on these attributes is decreased, it could have a negative impact on adult members' overall rating of their Health Care.
 - **Doctor listened carefully to you**
 - **Doctor explained things in a way that was easy to understand**
 - **Doctor showed respect for what you had to say**

Child Medicaid Members – Key Drivers of Satisfaction with Health Plan

Based on the 2016 findings, the “**Customer Service**” composite measure has the most significant impact on child members' overall rating of their Health Plan.

- There were no attributes identified as **unmet needs**¹ that should be considered priority areas for improving child members' overall rating of their Health Plan.
 - However, the attribute “**Received information or help needed from child's health plan's Customer Service**” is an area that is of high importance to child members where HealthChoice MCOs perform at a moderate level. Improvement in this area could have a positive impact on child members' overall rating of their Health Plan.
- The attributes listed below are identified as **driving strengths**² and performance in these areas should be maintained. If performance on these attributes is decreased, it could have a negative impact on child members' overall rating of their Health Plan.
 - **Treated with courtesy and respect by child's health plan's Customer Service**
 - **Got the care, tests or treatment your child needed**

Child Medicaid Members – Key Drivers of Satisfaction with Health Care

Based on the 2016 findings, the “**Getting Needed Care**” composite measure is identified as having the most significant impact on child members' overall rating of their Health Care.

- There were no attributes identified as **unmet needs**¹ that should be considered priority areas for improving child members' overall rating of their Health Care.
 - However, the attribute “**Got an appointment for your child to see a specialist as soon as you needed**” is a moderate driver of satisfaction where child members perceive HealthChoice MCOs to be performing at a lower level. Improvement in this area could have a positive impact on child members' overall rating of their Health Care.

¹**Unmet needs** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).

²**Driving strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).

Child Medicaid Members – Key Drivers of Satisfaction with Health Care (continued)

- The attributes listed below are identified as **driving strengths**² and performance in these areas should be maintained. If performance on these attributes is decreased, it could have a negative impact on child members' overall rating of their Health Care.
 - **Got the care, tests or treatment your child needed**
 - **Child's doctor listened carefully to you**

²**Driving strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).

- **Attributes** are the questions that relate to a specific service area or composite as specified by NCQA.
- **Composite Measures** are derived by combining the survey results of similar questions that represent an overall aspect of health plan quality. Specifically, it's the average of each response category of the attributes that comprise a particular service area or composite.
- **Confidence Level** is the degree of confidence, expressed as a percentage, that a reported number's true value is between the lower and upper specified range.
- **Correlation Coefficient** is a statistical measure of how closely two variables or measures are related to each other.
- **Disposition Category** is the final status given to a member record within the sample surveyed. The category signifies both the survey administration used to complete the survey (M=Mail, T=Telephone) and the status of the member record (M21=Mail, Ineligible; T10=Telephone, Complete).
- **Driving Strengths** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a higher level (Summary Rate is 90% or more).
- **Key Drivers** are composite measures that have been found to impact ratings of overall Health Plan and Health Care among HealthChoice MCO members as determined by regression analysis.
- **Over-Sampling** is sampling more than the minimum required sample size. The NCQA required sample size for adult Medicaid MCOs is 1,350 and the target number of completed surveys is 411. The NCQA required sample size for child Medicaid MCOs is 1,650 (General Population/Sample A) and the target number of completed surveys is 411.
- **Significance Test** is a test used to determine the probability that a given result could not have occurred by chance.
- **Summary Rates** generally represent the most favorable responses for a particular question (i.e., *Always and Usually; Yes; 8, 9 or 10; etc.*). Keep in mind that not every question is assigned a Summary Rate.
- **Systematic Sampling** is a method of sampling that ensures a reproducible and auditable sample that is representative of the eligible population.
- **Trending** is the practice of examining several years of data in a comparative way to identify common attributes.
- **Unmet Needs** are key drivers that are of high importance to members where they perceive HealthChoice MCOs to be performing at a lower level (Summary Rate is less than 80%).